

**MULTIPLE DEPENDENT CLAIM
FEES CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1527405

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	2					
TOTAL DEP.	29					
TOTAL CLAIMS	31					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		/				
53		/				
54		/				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						